

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ORRINPAC

ADDRESS (number and street)

175 S. WEST TEMPLE, SUITE 650

☐ Check if different than previously reported. (ACC)

SALT LAKE CITY

UT

84101

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00235572

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☒ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer STANLEY R. DE WAAL

Signature of Treasurer

STANLEY R. DE WAAL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <div><div>Y Y Y Y Y</div><div>2011</div></div>		<div><div></div><div>96358.87</div></div>
(b) Cash on Hand at Beginning of Reporting Period.....	<div><div></div><div>98100.10</div></div>	
(c) Total Receipts (from Line 19)	<div><div></div><div>30068.01</div></div>	<div><div></div><div>135818.01</div></div>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<div><div></div><div>128168.11</div></div>	<div><div></div><div>232176.88</div></div>
7. Total Disbursements (from Line 31).....	<div><div></div><div>22387.41</div></div>	<div><div></div><div>126396.18</div></div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div><div></div><div>105780.70</div></div>	<div><div></div><div>105780.70</div></div>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<div><div></div><div>0.00</div></div>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

ORRINPAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2011

To:

M M	/	D D	/	Y Y Y Y Y
10		31		2011

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other
Than Political Committees

(i) Itemized (use Schedule A).....

5000.00

5500.00

(ii) Unitemized

0.00

0.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5000.00

5500.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

25068.01

130318.01

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

30068.01

135818.01

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)) ▶

30068.01

135818.01

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

30068.01

135818.01

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	14387.41	74796.18
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14387.41	74796.18
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	47000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	3000.00	4600.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22387.41	126396.18
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22387.41	126396.18

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	30068.01	135818.01
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30068.01	135818.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	14387.41	74796.18
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	14387.41	74796.18

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 15

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. RICHARD M. BRACKEN

Mailing Address 920 TYNE BLVD

City
NASHVILLE

State Zip Code
TN 37220

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA, Inc.

Occupation

HEALTHCARE EXEC.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 11018.C4000

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. VICTOR L. CAMPBELL

Mailing Address 1307 CHICKERING RD

City
NASHVILLE

State Zip Code
TN 37215-4521

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA, Inc.

Occupation

SENIOR VICE PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 11018.C4001

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C. R. MILTON JOHNSON

Mailing Address 5012 HILL PACE DR

City
NASHVILLE

State Zip Code
TN 37206

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA, Inc.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 11116.C4003

Amount of Each Receipt this Period

1000.00

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. WILLIAM A. KELLY JR

Mailing Address ONE AMERICAN CENTER

3100 WEST END AVE, STE 904

City

NASHVILLE

State

TN

Zip Code

37203

FEC ID number of contributing
federal political committee.

C

Name of Employer

Voluntary Employee Benefit Adv

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Occupation

EXECUTIVE

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 11116.C4002

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

B. R. PARKER SHERRILL

Mailing Address 713 VAIL CT

City

NASHVILLE

State

TN

Zip Code

37215-1849

FEC ID number of contributing
federal political committee.

C

Name of Employer

HCA, Inc.

Occupation

Government Affairs

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 11116.C4004

Amount of Each Receipt this Period

1000.00

Receipt

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. AETNA INC. PAC

Mailing Address 151 FARMINGTON AVE RW61

City State Zip Code
HARTFORD CT 06156

FEC ID number of contributing
federal political committee.

C C00181826

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

10 / 05 / 2011

Transaction ID : 11018.C3992

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

B. EXPRESS SCRIPTS INC. PAC

Mailing Address ONE EXPRESS WAY

City State Zip Code
SAINT LOUIS MO 63121

FEC ID number of contributing
federal political committee.

C C00365072

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

10 / 25 / 2011

Transaction ID : 11116.C4005

Amount of Each Receipt this Period

5000.00

Receipt

Full Name (Last, First, Middle Initial)

C. HATCH VICTORY COMMITTEE

Mailing Address 228 S. WASHINGTON ST, #115

City State Zip Code
ALEXANDRIA VA 22314

FEC ID number of contributing
federal political committee.

C C00495564

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

16068.01

Date of Receipt

10 / 05 / 2011

Transaction ID : 11018.C3993

Amount of Each Receipt this Period

16068.01

Receipt

SUBTOTAL of Receipts This Page (optional)..... ►

23068.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. HCA GOOD GOVERNMENT FUND

Mailing Address ONE PARK PLAZA, P.O. BOX 550

City

NASHVILLE

State

TN

Zip Code

37202-0550

FEC ID number of contributing
federal political committee.

C

C00067231

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

4500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
10 / 18 / 2011

Transaction ID : 11018.C3999

Amount of Each Receipt this Period

2000.00

Receipt

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

25068.01

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. Autumn E-Media

Mailing Address PO Box 371553

City LAS VEGAS State NV Zip Code 89137-

Purpose of Disbursement
Pac fundraiser consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011
Transaction ID : 11117.E2334

Amount of Each Disbursement this Period

735.13

PAC FUNDRAISER CONSULTING

Full Name (Last, First, Middle Initial)

B. Autumn E-Media

Mailing Address PO Box 371553

City LAS VEGAS State NV Zip Code 89137-

Purpose of Disbursement
Pac fundraiser consulting

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2011
Transaction ID : 11117.E2335

Amount of Each Disbursement this Period

775.21

PAC FUNDRAISER CONSULTING

Full Name (Last, First, Middle Initial)

C. WILLIAM B. CANFIELD

Mailing Address 1900 M STREET, NW, STE 500

City WASHINGTON State DC Zip Code 20036-

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011
Transaction ID : 11117.E2344

Amount of Each Disbursement this Period

7500.00

LEGAL FEES

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

9010.34

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. CBIZ MHM, LLC

Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650

City SALT LAKE CITY State UT Zip Code 84101-

Purpose of Disbursement
Accounting fees

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011
Transaction ID : 11117.E2336

Amount of Each Disbursement this Period

2598.81

ACCOUNTING FEES

Full Name (Last, First, Middle Initial)

B. NORTH CAPITOL STREET ENTERPRISES

Mailing Address 400 N. CAPITOL ST, NW, STE 585

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement
Office rent phone and utilities

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 03 / 2011
Transaction ID : 11117.E2339

Amount of Each Disbursement this Period

1042.13

OFFICE RENT PHONE AND UTILITIES

Full Name (Last, First, Middle Initial)

C. NORTH CAPITOL STREET ENTERPRISES

Mailing Address 400 N. CAPITOL ST, NW, STE 585

City WASHINGTON State DC Zip Code 20001-

Purpose of Disbursement
Office rent phone and utilities

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 11 / 2011
Transaction ID : 11117.E2340

Amount of Each Disbursement this Period

994.18

OFFICE RENT PHONE AND UTILITIES

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4635.12

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 12 OF 15

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. OCTOBER, INC.

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	1	1		

Mailing Address 11445 DIVELY AVENUE

City	State	Zip Code
LAS VEGAS	NV	89138-

Transaction ID : 11117.E2341Purpose of Disbursement
Pac fundraiser consulting

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

500.00

PAC FUNDRAISER CONSULTING

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

B. Rootshq, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	3			2	0	1	1		

Mailing Address 211 7th Avenue North
Suite LL-15

City	State	Zip Code
NASHVILLE	TN	37219-

Transaction ID : 11117.E2342Purpose of Disbursement
Email management

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

99.00

EMAIL MANAGEMENT

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

Full Name (Last, First, Middle Initial)

C. Rootshq, LLC

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	1			2	0	1	1		

Mailing Address 211 7th Avenue North
Suite LL-15

City	State	Zip Code
NASHVILLE	TN	37219-

Transaction ID : 11117.E2343Purpose of Disbursement
Email management

Amount of Each Disbursement this Period

Candidate Name

Category/ Type

99.00

EMAIL MANAGEMENT

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
-------------------	---

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

698.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ORRINPAC

Full Name (Last, First, Middle Initial)

A. ZIONS BANK

Mailing Address 310 SOUTH MAIN ST

City	State	Zip Code
SALT LAKE CITY	UT	84101-

Purpose of Disbursement
Merchant account fees

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2011

Transaction ID : 11117.E2345

Amount of Each Disbursement this Period

43.95

MERCHANT ACCOUNT FEES**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

43.95

14387.41

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

ORRINPAC

A. Friends Of Shurtleff

Date of Disbursement

Transaction ID : 11117.E2337

Category/
Type

Disbursement For: 2012

☒ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

5000.00

CONTRIBUTION

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

[illegible]Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

A diagram of a rectangular frame with four vertical supports, one at each corner. The supports are represented by small vertical rectangles. The frame is a larger rectangle with a double-line border.

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional).....

5000.00

TOTAL This Period (last page this line number only).....

5000.00

	21b		22		23		24		25		26
	27		28a		28b		28c		X 29		30b

ORRINPAC

A. Mark Madsen For State Senate

Date of Disbursement

Three 10-pin D-sub connectors are shown, each with a different pin number: 10, 28, and 2011. The connectors are arranged horizontally, separated by slashes. Each connector has a label above it indicating the pin number: 'M M' for 10, 'D D' for 28, and 'Y Y Y Y' for 2011.

Transaction ID : 11117.E2338

Category/
Type

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Amount of Each Disbursement this Period

3000.00

Date of Disbursement

Amount of Each Disbursement this Period

Category/
Type

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame with four vertical supports, one at each corner. The supports are represented by small vertical rectangles. The frame is a larger rectangle with a double-line border.

Category/
Type

Disbursement For:

<input type="checkbox"/>	Primary	<input type="checkbox"/>	General
<input type="checkbox"/>	Other (specify) ▼		

3000.00

3000.00